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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC 2831 Lone Oak Road ADDRESS (number and street) Check if different than previously Paducah ΚY 42003 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00351197 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laxmaiah Manchikanti Type or Print Name of Treasurer Electronically Filed by Laxmaiah Manchikanti 10 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/14

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Re	eport Covering the Period: From:	01 2010	To: 0 9 3 0 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		374826.15
	(b) Cash on Hand at  Begining of Reporting Period	283651.09	
	(c) Total Receipts (from Line 19)	19089.07	143466.92
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	302740.16	518293.07
7.	Total Disbursements (from Line 31)	35121.62	250674.53
ļ	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	267618.54	267618.54
1	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
1	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 14

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From:

м м 0 9 01

Y Y W Y 2 0 1 0

то.

м м

<sup>D</sup> 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	7688.33	96236.63
(ii) Unitemized	566.66	2786.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8254.99	99023.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8254.99	99023.29
. Transfers From Affiliated/Other Party Committees	0.00	16975.89
. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
Other Federal Receipts (Dividends, Interest, etc.)	5834.08	22467.74
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19089.07	143466.92
Total Federal Receipts (subtract Line 18(c) from Line 19)	19089.07	143466.92

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/14

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	12160.92
	Expenditures(c) Total Operating Expenditures	0.00	13169.82
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	13169.82
22.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	35000.00	225500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
.J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use concaute 1)		200
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))	* * * * * * * * * * * * * * * * * * * *	
9.	Other Disbursements	121.62	12004.71
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35121.62	250674.53
32.	Total Federal Disbursements		
<i>ب</i> ے.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	35121.62	250674.53

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 14

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	8254.99	99023.29
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	8254.99	99023.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	13169.82
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	13169.82

FE6AN026

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14 (check only one)    X   11a
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF INTERVEN	NTIONAL PA	IN PHYSICIAN PAC	
	Full Name (Last, First, Middle Initial) Sarah Blake, MD			Date of Receipt
	Mailing Address 914 Neil Avenue			09 / 02 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.9530
	Columbus  FEC ID number of contributing federal political committee.	OH C	43215	Amount of Each Receipt this Period 365.00
	Name of Employer	Occupation		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Physicia Aggregate	n e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Paul Hubbell, MD			Date of Receipt
	Mailing Address 236 W. Livingston Pla	ace		09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.9536
	Metairie  FEC ID number of contributing federal political committee.	C	70005	Amount of Each Receipt this Period 416.67
	Name of Employer Southern Pain	Occupation Physicia		Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1666.68	]
_	Full Name (Last, First, Middle Initial) David Kloth, MD			Date of Receipt
	Mailing Address 4 Old Bedow Mountai	in Road		09 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.9538
	Ridgehold	СТ	00877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Contribution
	Name of Employer Connecticut Pain Care, PC	Occupation Physicia	n	- Continuation
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)	•		1781.67

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEI	Statements may not be sold or used by any per e name and address of any political committee	
Full Name (Last, First, Middle Initial) Benjamin Lampert, MD Mailing Address 4367 E. Bogey Ct.  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer St. John's Physicians  Receipt For: Primary General Other (specify)	State Zip Code MO 65809  C  Occupation Physician  Aggregate Year-to-Date  5000.00	Date of Receipt    M   M   D   D   Z 2
Full Name (Last, First, Middle Initial) Marion Lee, MD Mailing Address 2233 Arabi-Warwick  City Cordele  FEC ID number of contributing federal political committee.  Name of Employer Attrinity Health Group  Receipt For: Primary General Other (specify)	State Zip Code GA 31015  C  Occupation Physician  Aggregate Year-to-Date  3749.94	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Gary Richman, MD Mailing Address 19109 Streamside Co City Boca Raton FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code FL 33498  C  Occupation Physician  Aggregate Year-to-Date   865.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		5781.66

A.

FOR LINE NUMBER: PAGE 8/14 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Francis Riegler, MD Date of Receipt Mailing Address 3827 Castlerock Rd. 09 27 2010 City State Zip Code Transaction ID: SA11AI.9540 Malibu CA 90265 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Contribution Name of Employer Universal Pain Mgmt. Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 1125.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number only)	<u> </u>	7688.33

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only on 11a 13		PAGE 9/14  11c
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose solicit contribution	e of solicitin	ng contributions uch committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	ENTIONAL PAI	N PHYSICIAN PAC			
Full Name (Last, First, Middle Initial) KANSANS FOR TIAHRT  Mailing Address 2250 N ROCK ROA  City	AD SUITE 118A State	Zip Code	Date of Re	01	2010
WICHITA	KS	67226			eipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> coo	459198			5000.00
Name of Employer	Occupation	n	Refund of al Contribu	General F ution	Politic-
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 14 (check only one)  11a 11b 11c 12 13 14 15 16 X 15
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C Occupation  Aggregate Year-to-Date   16654.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  17522.20	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C Occupation  Aggregate Year-to-Date  22467.74	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		5834.08

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LINE		₹:	P	AGE 11/	/ 14
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	IF.	check only 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30k
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTION	IAL PAIN PHYSICIAN P	PAC						
Full Name (Last, First, Middle Initial)  A. BACHMANN FOR CONGRESS				Date o	f Disbur			
Mailing Address PO Box 25950				0 9	M / D	01 /	žo i	0 4
	State Zip Code MN 55125			Amour	nt of Eac	h Disburse		
Purpose of Disbursement Political Contribution							5000.0	00
Candidate Name MICHELE M BACHMANN			egory/ ype					
Office Sought: X House Disburse Senate President State: MN District: 06	ment For: 2010 Primary X General Other (specify)							
Full Name (Last, First, Middle Initial)  BUCK MCKEON FOR CONGRESS					f Disbur		.9556	
Mailing Address 23942 Lyons Ave #105				0 9	/ D	15	ž01	0
•	State Zip Code CA 91321			Amour	nt of Eac	h Disburse	ement this	Period
Purpose of Disbursement Political Contribution							2000.0	0
Candidate Name HOWARD P 'BUCK' MCKEON			egory/ ype					
Office Sought:  X House Senate President State: CA District: 25	ment For: 2010 Primary X General Other (specify) ▼							
Full Name (Last, First, Middle Initial) C. CRAWFORD FOR CONGRESS				Date o	f Disbur			
Mailing Address PO Box 16956				0 9	M / D	15	Ž01	0 4
	State Zip Code AR 72403			Amour	nt of Eac	h Disburse	ement this	Period
Purpose of Disbursement Political Contribution							5000.0	00
Candidate Name ERIC ALAN RICK CRAWFORD			egory/ ype					
Office Sought:  X House Senate President State: AR District: 01	ment For: 2010 Primary X General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)			. •				12000.0	0
TOTAL This Period (last page this line number only)								

CHEDULE B (FEC FOIIII 3X)		arate schedule(s)		NE NUMBER: PAGE 12 / 14 only one)
EMIZED DISBURSEMENTS	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
y Information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENT	name and addre	ess of any politica	committee to	
 Full Name (Last, First, Middle Initial) FREE AND STRONG AMERICA PAC I Mailing Address 80 Hayden Avenue	NC.			Transaction ID: SB23.9543 Date of Disbursement  O 9 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		Amount of Each Disbursement this Perio
Lexington  Purpose of Disbursement Political Contribution  Candidate Name	MA	02421	Category/	2000.00
Office Sought: House Senate President State: District:	Primary Other (spe	2010 X General ecify) ▼	Туре	
Full Name (Last, First, Middle Initial) ROSSI FOR SENATE  Mailing Address PO BOX 50713				Transaction ID: SB23.9551 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		Amount of Each Disbursement this Perio
BÉLLEVUE Purpose of Disbursement	WA	98015		4000.00
Political Contribution  Candidate Name DINO ROSSI			Category/ Type	
Office Sought:    House   District: 00   District:	oursement For: Primary Other (spe	2010 X General ecify) <b>V</b>		
Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC				Transaction ID: SB23.9564 Date of Disbursement
Mailing Address 3343 Allendale Place				099 / 28 / 2010
City Montgomery	State AL	Zip Code 36111		Amount of Each Disbursement this Perio
Purpose of Disbursement Political Contribution				5000.00
Candidate Name			Category/ Type	
		2010		
Office Sought:  House Senate President State:  District:	Primary Other (spe	X General		

Transaction ID: SB23,9567   Date of Disbursement	SCHEDULE B (FEC Form 3X	/ Use separate	e schedule(s)	FOR LINE N	-	PAGE 13 / 14
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON  Mailing Address P.O. Box 822  City State Zip Code MO 63702 Purpose of Disbursement President State: KY Joseph Molecular President State: KY District: 03  Full Name (Last, First, Middle Initial) TODD LALLY  Mailing Address 2017 BOULEVARD NAPOLEON  City State Zip Code MO 63702  Full Name (Last, First, Middle Initial) TODD LALLY  Mailing Address 2017 BOULEVARD NAPOLEON  City State: KY 40205  Furpose of Disbursement Political Contribution Candidate Name TODD LALLY  Office Sought: X House President Senate President State: KY District: 03  Full Name (Last, First, Middle Initial) TOTOD LALLY  Office Sought: X House Primary X General Primary X General Primary X General President Senate President Senate President State: KY 40205  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code Mid 49085  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code Mid 49085  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code Mid 49085  Purpose of Disbursement Political Contribution Candidate Name Fresident Senate President State: Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code Mid 49085  Purpose of Disbursement Political Contribution Candidate Name Free President Senate President Senate President General President Other (specify) ▼  Amount of Each Disbursement this Per Sound Seneral President Other (specify) ▼  Transaction ID: SB23.9568  Amount of Each Disbursement This Per Sound Seneral President Seneral Pres	ITEMIZED DISBURSEMENTS	for each cate	gory of the	21b	] 22 X 23 C	
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON  Mailing Address P.O. Box 822  City Cape Girardeau  Mo 63702  Purpose of Disbursement Political Contribution Candidate Name JO ANN EMERSON  Office Sought: X House Senate President State: XP District: 03  Full Name (Last, First, Middle Initial) TODD LALLY  Office Sought: X House Senate President State: XP District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City Office Sought: X House Senate President State: XP District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State: XP District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State: XP District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City St. Joseph Mid 49085  Purpose of Disbursement Political Contribution Candidate Name TODD Laber Senate President State: XP District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City St. Joseph Mid 49085  Purpose of Disbursement Political Contribution Candidate Name TREDERICK STEPHEN UPTON  Office Sought: X House Senate President Senate President Disbursement For: 2010 Category/ Type  Amount of Each Disbursement this Per St. Joseph Purpose of Disbursement Ode of Disbursement Type  Ode of Disbursement Disbursement Sounce  Ode of Disbursement Type  Ode of						
TEAM EMERSON FOR JO ANN EMERSON  Mailing Address P.O. Box 822  City State Zip Code Cape Girardeau MO 63702  Purpose of Disbursement Political Contribution  Candidate Name JO ANN EMERSON  Office Sought: House Primary X General P	NAME OF COMMITTEE (In Full)					
Mailing Address		IERSON				
Cape Girardeau  Purpose of Disbursement Political Contribution  Candidate Name JO ANN EMERSON  Office Sought:	Mailing Address P.O. Box 822				09 / 28	Y 2010
Political Contribution Candidate Name JO ANN EMERSON  Office Sought:					Amount of Each D	
JO ANN EMERSON  Office Sought:						2000.00
Senate President State: MO District: 08  Full Name (Last, First, Middle Initial) TODD LALLY  Mailing Address 2017 BOULEVARD NAPOLEON  City State Zip Code KY 40205  Purpose of Disbursement Political Contribution Candidate Name TODD LALLY  Office Sought: X House Primary General Other (specify) ▼  State Zip Code KY 40205  Amount of Each Disbursement this Per Category/ Type  Transaction ID: SB23.9561 Date of Disbursement this Per S000.00  Amount of Each Disbursement this Per Category/ Type  Transaction ID: SB23.9568 Date of Disbursement Tor: 2010  Amount of Each Disbursement this Per St. Joseph MI 49085  Purpose of Disbursement Por: 2010  City State Zip Code MI 49085  Purpose of Disbursement Por: 2010  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: House Primary General Other (specify) ▼  Disbursement For: 2010  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Category/ Type			C			
Full Name (Last, First, Middle Initial) TODD LALLY  Mailing Address 2017 BOULEVARD NAPOLEON  City LOUISVILLE Purpose of Disbursement Political Contribution Candidate Name TODD LALLY  Office Sought: State: KY District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address Prosident State: KY District: 03  City State State: KY District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  City St. Joseph Mil 49085  Purpose of Disbursement Political Contribution Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Disbursement For: 2010 State Zip Code MI 49085  Amount of Each Disbursement  Mailing Address Disbursement  Mailing Address Disbursement Disb	Senate President	Primary	X General			
TODD LALLY  Mailing Address 2017 BOULEVARD NAPOLEON  City State Zip Code KY 40205  Purpose of Disbursement Political Contribution  Candidate Name TODD LALLY  Office Sought: X House Senate Primary X General Other (specify) ▼  Transaction ID: SB23.9568  Date of Disbursement To: 2010  Primary X General Other (specify) ▼  State: KY District: 03  Full Name (Last, First, Middle Initial)  UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code MI 49085  City State Zip Code St. Joseph MI 49085  City State Zip Code MI 49085  Category/ Type  Category/ Type  Transaction ID: SB23.9568  Date of Disbursement To: 2010  Amount of Each Disbursement this Per St. Joseph St. Joseph MI 49085  Category/ Type  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼  Office Sought: X House Primary X General Other (specify) ▼					Transaction ID:	SB23 0561
City State Zip Code KY 40205  Purpose of Disbursement Political Contribution  Candidate Name TODD LALLY  Office Sought: X House Senate Primary Ageneral Other (specify) Type  Mailling Address P.O. Box 490  City State Zip Code MI 49085  Purpose of Disbursement this Per 2010  State Zip Code MI 49085  Amount of Each Disbursement this Per 5000.00  Transaction ID: SB23.9568  Date of Disbursement  Mo 9 M / D 2 M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	,				Date of Disbursem	ent
Disbursement Political Contribution Candidate Name TODD LALLY Office Sought: X House Senate Primary X General Other (specify) ▼  State: KY District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code St. Joseph MI 49085  Purpose of Disbursement Political Contribution Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Senate Primary X General Other (specify) ▼  Transaction ID: SB23.9568 Date of Disbursement MI 49085  Amount of Each Disbursement this Per State State Disbursement For: 2010 Category/Type  Office Sought: X House Primary X General Other (specify) ▼  Other (specify) ▼	Mailing Address 2017 BOULEVARI	O NAPOLEON			0 9 2 1	2010
Political Contribution  Candidate Name TODD LALLY  Office Sought: X House Senate Primary X General Other (specify) ▼  State: KY District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City St. Joseph MI 49085  Purpose of Disbursement Political Contribution Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Primary X General Primary X General  Disbursement For: 2010  Amount of Each Disbursement this Personance Senate Primary X General Primary X General Other (specify) ▼					Amount of Each D	isbursement this Perio
TODD LALLY  Office Sought:						5000.00
Senate President Other (specify) ▼  State: KY District: 03  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code MI 49085  Purpose of Disbursement Political Contribution  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Senate President  President  Primary X General Other (specify) ▼  Transaction ID: SB23.9568 Date of Disbursement  Date of Disbursement  Date of Disbursement Date of Disbursement Topic Other (specify) ▼  Amount of Each Disbursement this Permander Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼			C			
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. Box 490  City State Zip Code St. Joseph MI 49085  Purpose of Disbursement Political Contribution  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Senate Primary X General President  Transaction ID: SB23.9568 Date of Disbursement  0 9 M / 2 8 / 2 0 1 0 Y 2 0 1 0 Y 2 8 O 1 0 Y 2 0 1 0 Y 2 0 1 0 Y 2 0 1 0 Y 2 0 1 0 Y 2 0 1 0 Y 2 0 1 0 Y 3 0 1 0 Y 4 0 Y 4 0	Senate President	Primary	X General			
City State Zip Code St. Joseph MI 49085  Purpose of Disbursement Political Contribution  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Senate Primary X General President  President  State Zip Code 49085  Amount of Each Disbursement this Per 5000.00  Category/ Type  Other (specify) ▼	Full Name (Last, First, Middle Initial)					
St. Joseph MI 49085  Purpose of Disbursement Political Contribution  Candidate Name FREDERICK STEPHEN UPTON  Office Sought: X House Senate Primary X General President  President  Other (specify)   Other (specify)	Mailing Address P.O. Box 490				09 / 28	Y 2010
Political Contribution  Candidate Name FREDERICK STEPHEN UPTON  Office Sought:  X House Senate Primary V General Other (specify)					Amount of Each D	isbursement this Perio
FREDERICK STEPHEN UPTON  Office Sought:  X House Senate Primary President  Disbursement For:  Primary  General Other (specify)  ▼	Purpose of Disbursement				L	5000.00
Senate Primary X General President Other (specify) ▼	Candidate Name FREDERICK STEPHEN UPTON		C			
	Senate	Primary	X General			
		Outlot (specify)	, <b>▼</b>			
	TOTAL This Period (last page this line numb	or only)				35000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE (check only 21b 27)	
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTION	ents may not be sold or used by any person for and address of any political committee to sol	or the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Bantera Bank  Mailing Address 3151 Jackson Street		Transaction ID: SB29.9570 Date of Disbursement  M 9 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	tate Zip Code (Y 42003  Category/ Type	Amount of Each Disbursement this Period 121.62
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		101.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	121.62
TOTAL This Period (last page this line number only)	•	121.62